



Filed Date Stamp Here

## COMPENSATION HEARING NOTICE OF APPEAL

Tennessee Division of Workers' Compensation  
[www.tn.gov/labor-wfd/wcomp.shtml](http://www.tn.gov/labor-wfd/wcomp.shtml)  
wc.courtclerk@tn.gov  
1-800-332-2667

Docket #: \_\_\_\_\_

State File #/YR: \_\_\_\_\_

RFA #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Employer and Carrier**

### Notice

Notice is given that \_\_\_\_\_

[List name(s) of all appealing party(ies) on separate sheet if necessary]

appeals the order(s) of the Court of Workers' Compensation Claims at \_\_\_\_\_

\_\_\_\_\_ to the Workers' Compensation Appeals Board.

[List the date(s) the order(s) was filed in the court clerk's office]

**Judge** \_\_\_\_\_

### Statement of the Issues

Provide a short and plain statement of the issues on appeal or basis for relief on appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### List of Parties

**Appellant (Requesting Party):** \_\_\_\_\_ At Hearing: ☐ Employer ☐ Employee

Address: \_\_\_\_\_

Party's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ BPR#: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney's City, State & Zip code: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

*\* Attach an additional sheet for each additional Appellant \**

Employee Name: \_\_\_\_\_ SF#: \_\_\_\_\_ DOI: \_\_\_\_\_

**Appellee(s)**

**Appellee (Opposing Party):** \_\_\_\_\_ At Hearing: ☐ Employer ☐ Employee

Appellee's Address: \_\_\_\_\_

Appellee's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ BPR#: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney's City, State & Zip code: \_\_\_\_\_

Attorney's Email: \_\_\_\_\_

***\* Attach an additional sheet for each additional Appellee \****

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_, certify that I have forwarded a true and exact copy of this Compensation Hearing Notice of Appeal by First Class, United States Mail, postage prepaid, to all parties and/or their attorneys in this case in accordance with Rule 0800-02-22.01(2) of the Tennessee Rules of Board of Workers' Compensation Appeals on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

[Signature of appellant or attorney for appellant] \_\_\_\_\_

Attention: This form should only be used when filing an appeal to the Workers' Compensation Appeals Board. If you wish to appeal a case to the Tennessee Supreme Court, please utilize the form provided by the Court which can be found on their website at the following address:

[http://www.tncourts.gov/sites/default/files/docs/notice\\_of\\_appeal\\_-\\_civil\\_or\\_criminal.pdf](http://www.tncourts.gov/sites/default/files/docs/notice_of_appeal_-_civil_or_criminal.pdf)